

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

- Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 01-01-2008, and ending 12-31-2008

- Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: KANSAS STATEWIDE HOMELESS COALITION INC. Address: 2200 SW GAGE BLVD, ROOM/SUITE B21116, TOPEKA, KS 666220001

D Employer identification number: 36-4509823. E Telephone number: (785) 350-3111. F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [ ] Accrual. Other (specify)

I Website: WWW.KSHOMELESS.COM

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one): [X] 501(c)(3) (insert no) [ ] 4947(a)(1) or [ ] 527

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 670,662

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for special events and inventory sales.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, Land and buildings, Total assets, Total liabilities, and Net assets or fund balances.

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? <b>PROVIDE EDUCATION AND AWARENESS OF THE HOMELESS SITUATION IN KANSAS AND ADMINISTER FUNDS FOR TEMPORARY HOUSING NEEDS</b>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
<b>28</b> PROVIDE EDUCATION AND AWARENESS OF THE HOMELESS SITUATION IN KANSAS THROUGH 325 MEMBERS AND ADMINISTER FUNDS FOR TEMPORARY HOUSING NEEDS (Grants \$ 580,135) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	614,732
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	614,732

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>	No
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>	No
<b>35</b> <i>If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T</i>		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>	
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? <i>If "Yes," complete applicable parts of Schedule N</i> . . . . .	<b>36</b>	No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <span style="float:right; border: 1px solid black; padding: 2px;"><b>37a</b></span>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	No
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .	<b>38a</b>	No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> <i>501(c)(7) organizations.</i> Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
<b>b</b> <i>Section 501(c)(3) and (4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>40b</b>	No
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .	<b>40e</b>	No
<b>41</b> List the states with which a copy of this return is filed ▶ _____		
<b>42a</b> The books are in care of ▶ <u>POTTBERG GASSMAN &amp; HOFFMAN CHTD</u> Telephone no ▶ <u>(785) 537-9700</u> 529 HUMBOLDT SUITE I Located at ▶ <u>MANHATTAN, KS</u> ZIP + 4 ▶ <u>66502</u>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>42b</b>	No
If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?	<b>42c</b>	No
If "Yes," enter the name of the foreign country ▶ _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <span style="border: 1px solid black; padding: 2px;"><b>43</b></span>		
<b>44</b> Did the organization maintain any donor advised funds? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>	<b>44</b>	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>	<b>45</b>	No

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		No
<b>49b</b> If "Yes," was the related organization(s) a section 527 organization?		

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: \*\*\*\*\* Date: 2009-05-11

Type or print name and title: RANDY CRANDALL CHAIRMAN OF THE BOARD

**Paid Preparer's Use Only**

Preparer's signature: PATRICIA L PARKER Date: 2009-05-15

Check if self-employed:

Preparer's PTIN (See Gen Inst X):

Firm's name (or yours if self-employed), address, and ZIP + 4: POTTBERG GASSMAN & HOFFMAN CHTD  
529 HUMBOLDT SUITE I  
MANHATTAN, KS 66502

EIN: Phone no: (785) 537-9700

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SCHEDULE A  
(Form 990 or  
990EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.  
Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
KANSAS STATEWIDE HOMELESS COALITION  
INC

Employer identification number  
36-4509823

**Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)**

The organization is not a private foundation because it is (Please check only **one** organization )

- 1  A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2  A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H )
- 4  A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions )
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally Integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,150	296,445	571,793	714,566	667,862	2,252,816
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add line 1-3	2,150	296,445	571,793	714,566	667,862	2,252,816
<b>5</b> The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						2,252,816

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	2,150	1,088	571,793	714,566	667,862	2,252,816
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,088	3,499	4,890	1,984	11,461
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )		338	13,603	1,383	816	16,140
<b>11 Total Support</b> (Add lines 7 through 10)						2,280,417
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	
<b>13 First Five Years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						<input checked="" type="checkbox"/>

**Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	98.789 %
<b>15</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	97.942 %

- 16a 33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- b 10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- 18 Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	

- 19a 33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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**Part IV** **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

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Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2008

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for listed property details, including description, cost, elected cost, and various limitations.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 4 rows for special depreciation allowance and other depreciation details.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for MACRS deductions and group election information.

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

Table with 7 columns: Classification, Month/year, Basis, Recovery period, Convention, Method, Depreciation deduction.

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

Table with 3 rows for alternative depreciation system details.

Part IV Summary (See instructions)

Table with 3 rows for summary totals, including listed property, total depreciation, and section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36.

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees












Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

Table with 2 columns: Yes, No. Rows 37-41.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Rows 42-44.

**Additional Data****Software ID:****Software Version:****EIN:** 36-4509823**Name:** KANSAS STATEWIDE HOMELESS COALITION  
INC**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
RANDY CRANDALL  2200 GAGE BLVD TOPEKA, KS 66622	CHAIR 3	0		
LUELLA SANDERS  245 N WATER WICHITA, KS 67203	VICE-CHAIR 1	0		
BETH OAKS  245 N WATER WICHITA, KS 67203	TREASURER 2	0		
JOANN HOWLEY  112 SW 6TH SUITE 505 TOPEKA, KS 66603	DIRECTOR 1	0		
JOYCE SCHAU  101 W LINWOOD BLVD KANSAS CITY, MO 64111	DIRECTOR 1	0		
DOUG WALLACE  2401 SW 6TH TOPEKA, KS 66606	DIRECTOR 1	0		
SHARA GONZALES  BOX 2504 HUTCHINSON, KS 67504	DIRECTOR 1	0		
LISA DAVIS  501 SE JEFFERSON SUITE 30 TOPEKA, KS 66607	COORDINATOR 40	49,325		
MARY BRADSHAW  634 SW HARRISON TOPEKA, KS 66603	DIRECTOR 1	0		
JAMES GLENN  739 MINNESOTA AVE KANSAS CITY, KS 66101	DIRECTOR 1	0		
GYPSY CLAAR  154 N TOPEKA WICHITA, KS 67203	DIRECTOR 1	0		

## TY 2008 Compensation Explanation

**Name:** KANSAS STATEWIDE HOMELESS COALITION  
INC

**EIN:** 36-4509823

Person Name	Explanation
RANDY CRANDALL	
LUELLA SANDERS	
BETH OAKS	
JOANN HOWLEY	
JOYCE SCHAU	
DOUG WALLACE	

Person Name	Explanation
SHARA GONZALES	
LISA DAVIS	
MARY BRADSHAW	
JAMES GLENN	
GYPSY CLaar	

## TY 2008 Grants and Similar Amounts Paid Schedule

**Name:** KANSAS STATEWIDE HOMELESS COALITION  
INC

**EIN:** 36-4509823

<b>Item No.</b>	1
<b>Class of Activity</b>	
<b>Donee's Name</b>	AREA MENTAL HEALTH CENTER
<b>Donee's Address</b>	1111 E SPRUCE ST GARDEN CITY, KS 67846
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	2
<b>Class of Activity</b>	
<b>Donee's Name</b>	AREA MENTAL HEALTH CENTER
<b>Donee's Address</b>	1111 E SPRUCE ST GARDEN CITY, KS 67846
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	3
<b>Class of Activity</b>	
<b>Donee's Name</b>	ACF INC
<b>Donee's Address</b>	1221 NOTTINGHAM SALINA, KS 67401
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	4
<b>Class of Activity</b>	
<b>Donee's Name</b>	BERT NASH COMMUNITY MHC
<b>Donee's Address</b>	200 MAINE STREET LAWRENCE, KS 66044
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	5
<b>Class of Activity</b>	
<b>Donee's Name</b>	CENTER FOR COUNSELING & CONSULTING
<b>Donee's Address</b>	5815 BROADWAY GREAT BEND, KS 67530
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	6
<b>Class of Activity</b>	
<b>Donee's Name</b>	CENTRAL KS MENTAL HEALTH CENTER
<b>Donee's Address</b>	809 ELMHURST SALINA, KS 67401
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	7
<b>Class of Activity</b>	
<b>Donee's Name</b>	COMCARE OF SEDGWICK CO
<b>Donee's Address</b>	635 NORTH MAIN WICHITA, KS 67203
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	8
<b>Class of Activity</b>	
<b>Donee's Name</b>	COMM MHC OF CRAWFORD CO
<b>Donee's Address</b>	911 E CENTENNIAL PITTSBURG, KS 66762
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	9
<b>Class of Activity</b>	
<b>Donee's Name</b>	COWLEY CO MHC
<b>Donee's Address</b>	22214 D ST WINFIELD, KS 67156
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	10
<b>Class of Activity</b>	
<b>Donee's Name</b>	FAMILY LIFE CENTER
<b>Donee's Address</b>	6610 SE QUAKERVALE RD RIVERTON, KS 66770
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	11
<b>Class of Activity</b>	
<b>Donee's Name</b>	FOUR COUNTY MHC
<b>Donee's Address</b>	3751 W MAIN INDEPENDENCE, KS 67301
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	12
<b>Class of Activity</b>	
<b>Donee's Name</b>	ELIZABETH LAYTON CENTER
<b>Donee's Address</b>	204 E 15TH ST OTTAWA, KS 66067
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	13
<b>Class of Activity</b>	
<b>Donee's Name</b>	HIGH PLAINS MHC
<b>Donee's Address</b>	208 E 7TH HAYS, KS 67601
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	14
<b>Class of Activity</b>	
<b>Donee's Name</b>	HORIZONS MHC
<b>Donee's Address</b>	1715 E 23RD AVE HUTCHINSON, KS 67502
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	15
<b>Class of Activity</b>	
<b>Donee's Name</b>	IROQUOIS CENTER FOR HUMAN DEV
<b>Donee's Address</b>	610 E GRANT GREENSBURG, KS 67054
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	16
<b>Class of Activity</b>	
<b>Donee's Name</b>	JOHNSON CO MHC
<b>Donee's Address</b>	6000 LAMAR MISSION, KS 66202
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	17
<b>Class of Activity</b>	
<b>Donee's Name</b>	LABETTE CENTER FOR MH SERVICES
<b>Donee's Address</b>	1730 BELMON WICHITA, KS 67208
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	18
<b>Class of Activity</b>	
<b>Donee's Name</b>	MHC OF EAST CENTRAL KS
<b>Donee's Address</b>	1000 LINCOLN EMPORIA, KS 66801
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	19
<b>Class of Activity</b>	
<b>Donee's Name</b>	PAWNEE MENTAL HEALTH
<b>Donee's Address</b>	BOX 747 MANHATTAN, KS 66502
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	20
<b>Class of Activity</b>	
<b>Donee's Name</b>	PRAIRIE VIEW INC
<b>Donee's Address</b>	1901 E 1ST ST NEWTON, KS 67114
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	21
<b>Class of Activity</b>	
<b>Donee's Name</b>	S CENTRAL MH COUNSELING CENTER
<b>Donee's Address</b>	2365 W CENTRAL EL DORADO, KS 67042
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	22
<b>Class of Activity</b>	
<b>Donee's Name</b>	SOUTHEAST KS MHC
<b>Donee's Address</b>	304 N JEFFERSON IOLA, KS 66749
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	23
<b>Class of Activity</b>	
<b>Donee's Name</b>	SOUTHWEST GUIDANCE CENTER
<b>Donee's Address</b>	BOX 2945 LIBERAL, KS 67905
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	24
<b>Class of Activity</b>	
<b>Donee's Name</b>	SUMNER MHC
<b>Donee's Address</b>	1601 W 16TH WELLINGTON, KS 67152
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	25
<b>Class of Activity</b>	
<b>Donee's Name</b>	THE GUIDANCE CENTER
<b>Donee's Address</b>	500 LIMIT ST LEAVENWORTH, KS 66048
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	26
<b>Class of Activity</b>	
<b>Donee's Name</b>	VALEO BEHAVIORIAL HEALTH CARE
<b>Donee's Address</b>	5401 W 7TH ST TOPEKA, KS 66606
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	27
<b>Class of Activity</b>	
<b>Donee's Name</b>	WYANDOT CENTER
<b>Donee's Address</b>	757 ARMSTRONG KANSAS CITY, KS 66101
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	28
<b>Class of Activity</b>	
<b>Donee's Name</b>	WICHITA MENTAL HEALTH ASSOC
<b>Donee's Address</b>	3227 S WICHITA WICHITA, KS 67214
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	29
<b>Class of Activity</b>	
<b>Donee's Name</b>	KANZA MENTAL HEALTH CENTER
<b>Donee's Address</b>	909 SOUTH SECOND ST BOX 319 HIAWATHA, KS 66434
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	30
<b>Class of Activity</b>	
<b>Donee's Name</b>	HICKEY HOSPITALITY HOUSE
<b>Donee's Address</b>	1035 NE MONROE TOPEKA, KS 66608
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	31
<b>Class of Activity</b>	
<b>Donee's Name</b>	HEARTLAND COMMUNITY NINTH
<b>Donee's Address</b>	620 W 9TH ST TOPEKA, KS 66612
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	32
<b>Class of Activity</b>	
<b>Donee's Name</b>	MCGLORY'S ADULT CARE HOME
<b>Donee's Address</b>	1175 SW CLAY TOPEKA, KS 66606
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	33
<b>Class of Activity</b>	
<b>Donee's Name</b>	THE LODGE II INC
<b>Donee's Address</b>	504 NE PARAMORE TOPEKA, KS 66608
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	34
<b>Class of Activity</b>	
<b>Donee's Name</b>	MOORE ADULT CARE HOME
<b>Donee's Address</b>	515 NW 35TH ST TOPEKA, KS 66617
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	35
<b>Class of Activity</b>	
<b>Donee's Name</b>	BREAKTHROUGH HOUSE INC
<b>Donee's Address</b>	2880 GOLDEN TOPEKA, KS 66605
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	36
<b>Class of Activity</b>	
<b>Donee's Name</b>	SHAWNEE NORTH ADULT CARE HOME
<b>Donee's Address</b>	1023 NW EUGENE TOPEKA, KS 66608
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	TEMPORARY HOUSING
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

**TY 2008 Other Expenses Schedule**

**Name:** KANSAS STATEWIDE HOMELESS COALITION  
INC

**EIN:** 36-4509823

<b>Description</b>	<b>Amount</b>
EXPENSES	
TRAVEL & SUBSISTENCE	1,780
SUPPLIES	2,282
HOUSING SUMMIT	17,088
COMPUTER & TECHNOLOGY	490
MISCELLANEOUS	1,209
INSURANCE	1,698
COORDINATORS FEES	8,729
CONTRACT SERVICE COMPENSA	49,325
STAFF EDUCATION & TRAIN	495

**TY 2008 Other Revenues Schedule**

**Name:** KANSAS STATEWIDE HOMELESS COALITION  
INC

**EIN:** 36-4509823

<b>Description</b>	<b>Amount</b>
CONFERENCE BOOTH FEES	816